# N0200000 8822

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R. WHITE FEB 20 2020

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Sheltered Ministries Incorporated				
DOCUMENT NUMBER: N030000 8822				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Rita CossoM-Dyson (Name of Contact Person)				
Sheltered Ministries Incorporated (Firm/Company)				
7203 Rex Hill trail				
Orlando, FL 32818 (City/State and Zip Code)				
Where My Wings 6/09 mail. Com E-mail address: (to be used for fature annual report notification)				
For further information concerning this matter, please call:				
Rita Cossom-Dyson at (407) 860-6949 (Name of Contact Person) (Area Code) (Daytime Telephone Number)				
(Name of Contact Person) (Area Code) (Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\mathbb{\text{S43.75 Filing Fee & <b>\text{U\$}</b> \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$\mathbb{\text{Certified Copy}}\$ (Additional Copy is Enclosed)				
Mailing Addross Street Address				

## Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# Articles of Amendment

to

# Articles of Incorporation

of

Sheltered Ministri	
·	ly filed with the Florida Dept. of State)
No 2000088 (Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
N/A	The new
name must be distinguishable and contain the word "corporati" "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
(Francipal office dataess <u>in 0.51 BLA 51KLL (ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ac	idress:
Name of New Registered Agent:	1203 Rex Hill Trail
New Registered Office Address:	(Florida street address)
<u>C</u>	City) Florida 328/8 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.
Si	gnature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange X Remove X Add	V Mik	n <u>Doe</u> e <u>Jones</u> y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	_DT_	Felicia Grider	4431 Teresa Blud Orlando, FL 32811
2) Change Add Remove	_TA_	Phyllis Parramore	918 Semoran Park Dr. Winter Park, Fl 32792
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding add attach additional sheets, if r	iecessary). (Be s <sub>l</sub>	pecific)			
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The date of each amendment(s) adoptio	n:	, if other than the
date this document was signed.		
Effective date if applicable:	1/13/2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not ent of State's records.	t be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	
There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were	
Dated	1/13/2020	
Signature	els & Whitloch	
have not been sele	or vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)	
	Shaneka L. Whitlock	
	(Typed or printed name of person signing)	
	Socretory	
	(Title of person signing)	